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EVOCATION OF POWER OF ATTORNEY OR UTHORIZATION OF AGENT

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Application Number	08/896,821				
Filing Date	July 18, 1997				
First Named Inventor	Steven C. Quay				
Group Art Unit	1619				
Examiner Name	G. Hollinden				
Attomey Docket Number	2102000000US				

#29 #10 3-21-01

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:								
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Name	Michael A. Martino, President and Chief Executive Officer; Sonus Pharmase uticals, Inc.							
Signature						1 1 1 1 1 1 1 1 1 1		
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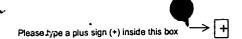
OWER OF ATTORNEY OR THORIZATION OF AGENT

08/896,821 **Application Number** July 18, 1997 Filing Date Steven C. Quay **First Named Inventor** 1619 **Group Art Unit** G. Hollinden **Examiner Name** 21020000000 Attorney Docket Number

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Name	Michael	A. Martino, Presid	ent and Chief Execut	tive Officer,	Sonus Pharm	aceuticals, Inc	2.	*	
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O I P 8	Application Number	08/896,821		
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MAR 1 9 2007 WITH CRITATION OF A CENT	First Named Inventor	Steven C. Quay		
WITHORIZATION OF AGENT	Group Art Unit	1619		
TRADEM MADE	Examiner Name	G. Hollinden		
RADEMA	Attorney Docket Number	21020000000		

I hereby appoint: ☑ Practitioners at Customer Number ②0350 ☐ Practitioner(s) named below: Name Registration Number Registration Number Name Registration Number Name Registration Number Name Registration Number Indemark Office connected therewith. Please change the correspondence address for the above-identified application to: X The above-mentioned Customer Number. OR Firm or Individual Name Address City State I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Michael A. Nartijso. Pregident add Chief Skecuyle Officer, Sonus Pharmaceuticals, Ide Signature Date Signatures of all the inventors or assignees of record of the entire interest or their representative (State required.) NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative (State required.) X *Total of 3 forms are submitted.								
Practitioners at Customer Number 20350 Number Bar Code Label here	I hereby ap	point:	-				Place Customer	
Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: X The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96). SIGNATURE of Applicant or Assignee of Record Name Registration Number Bate ZIP Country Telephone Fax I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96). SIGNATURE of Applicant or Assignee of Record Name Michael A. Martino, President and Chief Executive Officer, Sonus Pharmaceuticals, Inc. Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their paresengative (Shade required. Submit multiple forms if more than one signature is required, see below*.	_	ners at Cu	stomer Number	20350		-→	Number Bar Code	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: X The above-mentioned Customer Number. OR Firm or Individual Name Address City State ZIP Country Telephone Fax I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Michael A. Martipo, President and Chief Executive Officer, Sonus Pharmaceuticals, Inc. Date Date Signatures of all the inventors or assignees of record of the entire interest or their paresengtive of safe required. Submit multiple forms if more than one signature is required, see below.		ner(s) nam	ed below:			1		· · · · · · · · · · · · · · · · · · ·
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OIPE	STATEMENT UNDER 37 CFR 3.73(b)
	Applicant/Patent Owner: Steven C. Quay
MAR 1 9 200	Application No./Patent No.: 08/896,821 Filed/Issue Date: July 18, 1997
à	method of ultrasound imaging
PADEMA	Sonus Pharmaceuticals, Inc. a Delaware corporation,
	(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
	states that it is:
	1. X the assignee of the entire right, title, and interest; or
	2. an assignee of an undivided part interest
	in the patent application/patent identified above by virtue of either:
	A. X An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel 6676, Frame 0699, or for which a copy thereof is attached.
	OR .
	B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:
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	Additional documents in the chain of title are listed on a supplemental sheet.
	Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]
	The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.
	Date Signature Michael A. Marting Typed or printed name
	President and Chief Executive Officer, Sonus Pharmaceus Inc.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 08/896,821 TRANSMITTAL July 18, 1997 Filing Date MAR 1 **FORM** First Named Inventor Quay, Steven C. e used for all correspondence after initial filing) Group Art Unit 1619 **Examiner Name** Hollinden, G. Total Number of Pages in This Submission 4 Attorney Docket Number 21020012140 ENCLOSURES (check all that apply) Assignment Papers After Allowance Communication to Fee Transmittal Form Group (for an Application) Appeal Communication to Board of Fee Attached Drawing(s) Appeals and Interferences Appeal Communication to Group Licensing-related Papers Amendment / Response (Appeal Notice, Brief, Reply Brief) → Petition Routing Slip (PTO/SB/69) Proprietary Information After Final and Accompanying Petition Petition to Convert to a Status Letter Affidavits/declaration(s) Provisional Application X Power of Attorney, Revocation X Other Endosure(s) Extension of Time Request Change of Correspondence Address (please identify below): Certificate Under 37 CFR 3.73(b) Terminal Disclaimer Express Abandonment Request Request for Refund Information Disclosure Statement CD, Number of CD(s) The Commissioner is authorized to charge any additional fees Certified Copy of Priority Remarks to Deposit Account 20-1430. Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Townsend and Townsend and Crew LLP Firm and Joel G. Ackerman, Reg. No. 24,307 Individual name Signature 3/13/2001 Date **CERTIFICATE OF MAILING** hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

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Signature

Typed or printed name

Dana Kane